

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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31-27-20

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2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Garcia, Lyndsey K.

LOBBYIST FIRM/EMPLOYER (if applicable)

Hawaii Medical Service Association

TELEPHONE

808-948-6270

MAILING ADDRESS (No. and Street or P.O. Box)

818 Keeaumoku Street

FAX 808-948-7580

EMAIL Lyndsey_Garcia@hmsa.com

(City) Honolulu

(State) HI

(Zip Code) 96814

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Hawaii Medical Service Association

TELEPHONE

808-948-7599

MAILING ADDRESS (No. and Street or P.O. Box)

818 Keeaumoku Street

FAX 808-948-7580

EMAIL

(City) Honolulu

(State) HI

(Zip Code) 96814

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

Dr 1-9-2020

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

Per confirming
email

Dr 1-9-2020

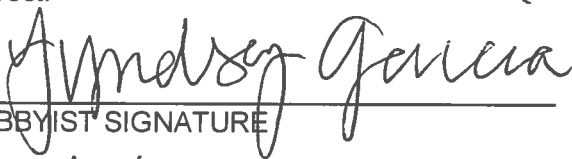

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

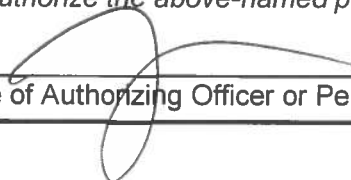
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY


<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/7/2020 DATE	Subscribed and sworn to before me This <u>7th</u> day of <u>January</u> , <u>2020</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Kimberly Jonas Notary Public, My commission expires: <u>State of Hawaii</u> <u>10/23/2020</u> L.S.
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PART V AUTHORIZATION TO LOBBY

NAME Mark Mugiishi		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Interim President and CEO	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Service Association		TELEPHONE 808-948-5274	
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku Street		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96814	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) 1/9/2020 (Date)			

Doc. Date: 1/9/2020 # Pages: 2
Kimberly Jonas First Circuit
Doc. Description: 2020 Lobbyist
Registration
 1/7/2020
Notary Signature Date